EPI-LOG

Communicable Disease and Epidemiology News
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Return Services Requested

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- **Conditions Notifiable by Health Care Providers and Frequently Asked Questions About Disease Reporting**
- **Erratum**

The following conditions are notifiable to local health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed.

Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) [3]
Animal bites [I]
Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, etc.) [3]
Botulism (foodborne, wound, and infant) [I]
Brucellosis [I]
Campylobacteriosis [3]
Chancroid [3]
Chlamydia trachomatis [3]
Cholera [I]
Cryptosporidiosis [3]
Cyclosporiasis [3]
Diphtheria [I]
Disease of suspected bioterrorism origin, including [I]
Anthrax [I]
Smallpox [I]
Disease of suspected foodborne origin (clusters only) [I]
Disease of suspected waterborne origin (clusters only) [I]
Enterohemorrhagic *E. coli*, including *E. coli* O157:H7 infection [I]
Giardiasis [3]
Gonorrhea [3]
Granuloma inguinale [3]
***Haemophilus influenzae* invasive disease (under age five years, excluding otitis media)** [I]
Hantavirus pulmonary syndrome [3]
Hemolytic-uremic syndrome [I]
Hepatitis A, acute [I]
Hepatitis B, acute [3] ; chronic (initial diagnosis only) [M]
Hepatitis B, surface antigen positive pregnant women [3]
Hepatitis C, acute and chronic (initial diagnosis only) [M]
Hepatitis, unspecified (infectious) [I]
Herpes simplex, genital (initial infection only) and neonatal [3]
HIV infection [3]
Immunization reactions, severe, adverse [3]
Legionellosis [3]
Leptospirosis [3]
Listeriosis [I]
Lyme disease [3]
Lymphogranuloma venereum [3]
Malaria [3]
Measles (rubeola) [I]
Meningococcal disease [I]
Mumps [3]
Paralytic shellfish poisoning [I]
Pertussis [I]
Plague [I]
Poliomyelitis [I]
Psittacosis [3]
Q fever [3]
Rabies [I]
Rabies post-exposure prophylaxis [3]
Relapsing fever (borreliosis) [I]
Rubella, including congenital [I]
Salmonellosis [I]
Shigellosis [I]
Syphilis, including congenital [3]
Tetanus [3]
Trichinosis [3]
Tuberculosis [I]
Tularemia [3]
Typhus [I]
Vibriosis [3]
Yellow fever [I]
Yersiniosis [3]
Unexplained critical illness or death [I]
Rare diseases of public health significance [I]

Notification time frame: [I] **Immediately,** [3] Within 3 work days, [M] Within one month

Conditions Notifiable to the Washington State Department of Health:	
Asthma, occupational (suspected or confirmed) [M]	1-888-66-SHARP
Birth Defects [M] (autism spectrum disorder, cerebral palsy, and alcohol related birth defects)	360-236-3492
Pesticide poisoning (hospitalized, fatal, or cluster) [I]	1-800-222-1222

TO REPORT A NOTIFIABLE CONDITION IN KING COUNTY		
	Phone	**Fax**
Sexually Transmitted Diseases	(206) 731-3954	
Tuberculosis (*daytime and after hours*)	(206) 731-4579	(206) 731-4350
HIV/AIDS	(206) 296-4645	
All other Notifiable Communicable Diseases (*daytime and after hours*)	(206) 296-4774	(206) 296-4803
Voice mail line for reporting ONLY non-immediately notifiable conditions (*24 hours a day*)	(206) 296-4782	

Frequently Asked Questions About Disease Reporting

What information should I include about the patient when I report a case to Public Health?
To minimize the need for a follow-up call from the disease investigation team, provide as much of the following information as possible: the patient's notifiable condition, name, address, phone number, sex, race and ethnicity, your name and phone number, relevant clinical and laboratory data (for example, liver enzyme test results for patients with hepatitis, pregnancy status for women with acute or chronic hepatitis B), relevant epidemiological history, including suspected risk factors and/or exposures (e.g., history of intravenous drug use for chronic hepatitis B or C), travel history, information on ill family members or other contacts, and any other information you think may help the investigation. If the patient is not yet aware of the diagnosis, please indicate how long we should wait before attempting to interview the patient.

If a notifiable condition is reportable by the laboratory, does that mean I don't have to report it?
No. Laboratory reporting explicitly does not relieve the clinician of their legal requirement to report because the laboratories don't provide critical clinical or epidemiologic data, and laboratory reporting is not as timely as clinician reporting of suspected cases.

Should I await laboratory confirmation before reporting to public health?
Not necessarily. **Immediately notifiable conditions, such as tuberculosis, measles, meningococcal disease, and all cases of unexplained critical illness, and rare disease of public health significance (i.e., SARS, avian influenza, suspected outbreaks or clusters of illness and suspected bioterrorism), should be reported as soon as they are suspected, without awaiting laboratory confirmation, preferably while the patient is still present.** Whether or not to await laboratory confirmation depends upon several factors, including strength of clinical suspicion, length of time required to obtain a diagnosis, or the potential public health threat during the time while the diagnosis is established. The general rule is, **"If in Doubt, Report it Out."**

I am not the patient's primary care provider, does that relieve me of the reporting obligation?
Sorry. Notifiable disease reporting is legally required from specialists, subspecialists, and consultants as well as primary care clinicians *unless the disease is known to have been reported.* This regulation was written to ensure that cases do not slip through the net and go unreported. For this reason it is very helpful to document in the patient's medical record when the report has been made.

Are only conditions that are mentioned by name reportable to public health?
No. "Unexplained critical illness or death", "rare diseases of public health significance", and disease clusters of suspected foodborne or waterborne origin are important notifiable conditions that are intended to trigger prompt detection and investigation of diseases due to unidentified agents, unexpected health events in the community, and new infections like SARS and avian influenza. When information from different clinicians is combined, the reporting of suspected clusters of cases can lead to recognition of larger outbreaks that cannot be recognized by any single health care provider.

Does HIPAA change the obligation to report?

No. Public health reporting is permissible under HIPPA. HIPAA rules (in the US Code of Federal Regulations) state that "Nothing in [HIPAA] shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth or death, public health surveillance, or public health investigation or intervention."

Erratum
In the January 2006 issue of the EPILOG, ampicillin was **incorrectly** listed as an acceptable alternative antibiotic treatment for patients with leptospirosis who are allergic to penicillin. We regret the error.

Disease Reporting

Please see the front page of this *EPI-LOG* issue for phone and fax numbers.

Hotlines

Communicable Disease ..... (206) 296-4949
HIV/STD ..... (206) 205-STDS

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
The *EPI-LOG*: www.metrokc.gov/health/providers
Communicable Disease listserv (PHSKC INFO-X) at:
mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2006

	Cases Reported in January		Cases Reported Through January	
	2006	2005	2006	2005
Campylobacteriosis	27	16	27	16
Cryptosporidiosis	2	5	2	5
Chlamydial infections	368	408	368	408
Enterohemorrhagic *E. coli* (non-O157)	0	0	0	0
***E. coli* O157: H7**	1	0	1	0
Giardiasis	5	11	5	11
Gonorrhea	123	111	123	111
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	4	4	4	4
Hepatitis B (acute)	3	2	3	2
Hepatitis B (chronic)	54	41	54	41
Hepatitis C (acute)	1	2	1	2
Hepatitis C (chronic, confirmed/probable)	96	78	96	78
Hepatitis C (chronic, possible)	34	21	34	21
Herpes, genital (primary)	64	54	64	54
HIV and AIDS (new diagnoses only)	13	28	13	28
Measles	0	0	0	0
Meningococcal Disease	1	3	1	3
Mumps	0	0	0	0
Pertussis	16	17	16	17
Rubella	0	1	0	1
Rubella, congenital	0	0	0	0
Salmonellosis	16	18	16	18
Shigellosis	3	7	3	7
Syphilis	19	7	19	7
Syphilis, congenital	0	0	0	0
Syphilis, late	5	6	5	6
Tuberculosis	1	7	1	7

The *Epi-Log* is available in alternate formats upon request.